



**COUNTY OF LOS ANGELES
TREASURER AND TAX COLLECTOR**

225 N. Hill Street Room 109, P.O. Box 54970, Los Angeles, CA 90012



**BUSINESS LICENSE APPLICATION REFERRAL
SUMMARY SHEET**

KIND OF BUSINESS: **MESSAGE PARLOR-GENERAL /SC**

ADDRESS OF BUSINESS: **27556 SIERRA HWY, SANTA CLARITA, CA 91351**

TELEPHONE: **(661) 298-0698**

OWNER OF BUSINESS: **JIN SHI CUI**

CAL. DR. LIC# : **[REDACTED]**

NAME OF PERSON FINGERPRINTED: **JIN SHI CUI**

FICTITIOUS NAME: **JI XIANG CHINESE FOOT MASSAGE**

MAILING ADDRESS: **27556 SIERRA HWY, SANTA CLARITA, CA 91351**

DATE THAT YOU STARTED BUSINESS:

PREVIOUS OWNER'S NAME, IF KNOWN:

THIS IS AN APPLICATION FOR: **NEW LICENSE**

	<u>APPROVED</u>	<u>DATE</u>	<u>SIGNATURE</u>
<input type="checkbox"/> 1. Animal Care & Control			
<input type="checkbox"/> 2. Risk Management			
<input checked="" type="checkbox"/> 3. Building & Safety	YES	06/21/16	nlove
<input checked="" type="checkbox"/> 4. Fire Department	YES	08/27/15	tchen
<input checked="" type="checkbox"/> 5. Public Health	YES	03/24/16	nlove
<input type="checkbox"/> 6. Treasurer & Tax Collector			
<input checked="" type="checkbox"/> 7. Business License Commission			
<input checked="" type="checkbox"/> 8. Sheriff Department	YES	01/11/16	tchen
<input checked="" type="checkbox"/> 9. Regional Planning Commission	YES	07/29/15	tchen
<input type="checkbox"/> 10. Weights and Measures			
<input checked="" type="checkbox"/> 11. Publishing	YES	06/24/16	tchen
<input type="checkbox"/> 12. Public Works - EPD			
<input checked="" type="checkbox"/> 13. Sheriff Fingerprint	YES	01/11/16	tchen
<input type="checkbox"/> 14. Emergency Medical Services			

Conditions:



Los Angeles County Treasurer and Tax Collector
Application for Business License



Please note: Business License fees are NOT refundable

Fee: \$2158.00

ID # 142556

BUSINESS INFORMATION

Type of Business: <u>Message Parlor General</u>	Address of Business: <u>27556 Sierra Hwy Santa Clarita CA 91351</u>	
DBA (Business Name): <u>Jixiang Chinese Foot Massage</u>	Business Telephone: <u>661 298 0698</u>	
Sellers Permit # (State Board of Equalization):	Mailing Address: <u>27556 Sierra Hwy Santa Clarita CA 91351</u>	
Business Ownership Structure: Single Owner <input type="checkbox"/> Partnership <input type="checkbox"/> LLC <input type="checkbox"/> Corporation <input checked="" type="checkbox"/>		
If LLC or Corporation, the information below is required:		
Date of Incorporation: <u>07/20/2013</u>	Incorporated in the State of: <u>California</u>	
Exact Corporate Name: <u>Ji Xiang Chinese Foot Massage Inc</u>		
Names of Officers	Addresses	Titles
<u>Jin Shi Cui</u>	[REDACTED]	<u>CEO, Secretary, CFO</u>

APPLICANT INFORMATION

Applicant's Full Name: <u>Jin Shi Cui</u>		
Home Address: [REDACTED]		
Home Telephone: [REDACTED]	Cell Phone: [REDACTED]	Email address: <u>None</u>
Social Security #: [REDACTED]	Date of Birth: [REDACTED]	Place of Birth: [REDACTED]
Driver's License or State ID#: [REDACTED]		Expiration Date: [REDACTED]
Male <input type="checkbox"/> Female <input checked="" type="checkbox"/>	Height: [REDACTED]	Weight: [REDACTED]
Hair Color: [REDACTED]	Eye Color: [REDACTED]	

The information contained herein is true and correct to the best of my knowledge and belief. As a condition of the issuance of the license applied for, I agree to submit any additional information that may be required, to conduct all phases of this business license in accordance with regulations established for such business and to maintain all trucks and/or equipment that may be used in connection therewith in conformance with all applicable laws, ordinances and regulations.

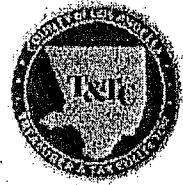
Date: 7/27/15 Applicant's Signature: Jin Shi Cui

Application taken by: MB Date: 7-27-15



**COUNTY OF LOS ANGELES
TREASURER AND TAX COLLECTOR**

225 N. Hill Street Room 109, P.O. Box 54970, Los Angeles, CA 90054-0970



**BUSINESS LICENSE
APPLICATION REFERRAL**

KIND OF BUSINESS: MASSAGE PARLOR-GENERAL /SC

ADDRESS OF BUSINESS: 27556 SIERRA HWY, SANTA CLARITA, CA 91351

TELEPHONE: (661) 298-0698

OWNER OF BUSINESS: JIN SHI CUI

CAL. DR. LIC.#: [REDACTED]

NAME OF PERSON FINGERPRINTED:

FICTITIOUS NAME: JI XIANG CHINESE FOOT MASSAGE

MAILING ADDRESS: 27556 SIERRA HWY, SANTA CLARITA, CA 91351

DATE THAT YOU STARTED BUSINESS:

PREVIOUS OWNER'S NAME, IF KNOWN:

THIS IS AN APPLICATION FOR: NEW LICENSE

BUILDING & SAFETY

SANTA CLARITA

☒ APPROVAL

☐ DENIAL

RECOMMENDATION:

*We recommend approval
at this time.*

SIGNATURE:

D. Hamrick

DATE:

12/21/16

08/25/2015 TUE 11:36 FAX 5612861134 --- Linda Trejo

0006/008

Aug 21 2015 17:02 FS 107 6612985044

page 3

08/21/2015 FRI 11:18 FAX 5612861134

0002/006

3232637342

08:46:39 a.m. 08-21-2015

5/22

**COUNTY OF LOS ANGELES
TREASURER AND TAX COLLECTOR**

225 N. Hill Street Room 109, P.O. Box 54970, Los Angeles, CA 90054-0970

101

**BUSINESS LICENSE
APPLICATION REFERRAL**

KIND OF BUSINESS: MASSAGE PARLOR-GENERAL/SC

ADDRESS OF BUSINESS: 27556 SIERRA HWY, SANTA CLARITA, CA 91351

TELEPHONE: (661) 298-0698

OWNER OF BUSINESS: JIN SHI CUI

CAL. DR. LIC. #

NAME OF PERSON FINGERPRINTED:

FICTITIOUS NAME: JI XIANG CHINESE FOOT MASSAGE

MAILING ADDRESS: 27556 SIERRA HWY, SANTA CLARITA, CA 91351

DATE THAT YOU STARTED BUSINESS:

PREVIOUS OWNER'S NAME, IF KNOWN:

THIS IS AN APPLICATION FOR NEW LICENSE

**FIRE DEPARTMENT
LA COUNTY**

☒ APPROVAL

☐ DENIAL

RECOMMENDATION:

SIGNATURE:

DATE:

8-21-15

BASIC LICENSE NO. 8430

DATE 07/28/15

IDENTIFICATION NUMBER 142556



**COUNTY OF LOS ANGELES
TREASURER AND TAX COLLECTOR**

225 N. Hill Street Room 109, P.O. Box 54970, Los Angeles, CA 90054-0970



**BUSINESS LICENSE
APPLICATION REFERRAL**

KIND OF BUSINESS: MASSAGE PARLOR-GENERAL /SC

ADDRESS OF BUSINESS: 27556 SIERRA HWY, SANTA CLARITA, CA 91351

TELEPHONE: (661) 298-0698

OWNER OF BUSINESS: JIN SHI CUI

CAL. DR. LIC.# [REDACTED]

NAME OF PERSON FINGERPRINTED:

FICTITIOUS NAME: JI XIANG CHINESE FOOT MASSAGE

MAILING ADDRESS: 27556 SIERRA HWY, SANTA CLARITA, CA 91351

DATE THAT YOU STARTED BUSINESS:

PREVIOUS OWNER'S NAME, IF KNOWN:

THIS IS AN APPLICATION FOR: NEW LICENSE

**PUBLIC HEALTH
LA COUNTY**

☒ APPROVAL

☐ DENIAL

RECOMMENDATION: _____

SIGNATURE: _____

DATE: _____

3/17/2016

BASIC LICENSE NO. 8430

DATE 01/20/16

IDENTIFICATION NUMBER 142556

**COUNTY OF LOS ANGELES
TREASURER AND TAX COLLECTOR**

225 N. Hill Street Room 109, P.O. Box 54970, Los Angeles, CA 90054-0970

**BUSINESS LICENSE
APPLICATION REFERRAL**

KIND OF BUSINESS: MASSAGE PARLOR-GENERAL /SC

ADDRESS OF BUSINESS: 27556 SIERRA HWY, SANTA CLARITA, CA 91351

TELEPHONE: (661) 298-0698

OWNER OF BUSINESS: JIN SHI CUI

CAL. DR. LIC.# [REDACTED]

NAME OF PERSON FINGERPRINTED:

FICTITIOUS NAME: JI XIANG CHINESE FOOT MASSAGE

MAILING ADDRESS: 27556 SIERRA HWY, SANTA CLARITA, CA 91351

DATE THAT YOU STARTED BUSINESS:

PREVIOUS OWNER'S NAME, IF KNOWN:

THIS IS AN APPLICATION FOR: NEW LICENSE

REGIONAL PLANNING

SANTA CLARITA

☒ APPROVAL

☐ DENIAL

RECOMMENDATION: approval for massage parlor OTCIS-1415

SIGNATURE: [Signature]

DATE: 7/28/15

**COUNTY OF LOS ANGELES
TREASURER AND TAX COLLECTOR**

N. Hill Street Room 109, P.O. Box 54970, Los Angeles, CA 90054-0970

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15.00887

**BUSINESS LICENSE
APPLICATION REFERRAL**



KIND OF BUSINESS: **MASSAGE PARLOR-GENERAL/SC**

ADDRESS OF BUSINESS: **27556 SIERRA HWY, SANTA CLARITA, CA 91351**

TELEPHONE: **(661) 298-0698**

OWNER OF BUSINESS: **JIN SHI CUI**

6/6/74

CAL. DR. LIC.#: **[REDACTED]**

NAME OF PERSON FINGERPRINTED:

FICTITIOUS NAME: **JT XIANG CHINESE FOOT MASSAGE**

MAILING ADDRESS: **27556 SIERRA HWY, SANTA CLARITA, CA 91351**

DATE THAT YOU STARTED BUSINESS:

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THIS IS AN APPLICATION FOR: **NEW LICENSE**

SHERIFF FINGERPRINT

LA COUNTY

☒ **APPROVAL**

☐ **DENIAL**

RECOMMENDATION: _____

APPROVED

SIGNATURE: _____

Wp 536470

DATE: _____

11/11/16

BASIC LICENSE NO. **8430**

DATE **07/28/15**

IDENTIFICATION NUMBER **142556**